

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000484

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** CONDOMINIUM AND HOMEOWNERS ASSOCIATION OF INDIAN RIVER, INC.

**Current Principal Place of Business:**

835 20TH PL.  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 669  
VERO BEACH, FL 32960

**New Mailing Address:**

835 20TH PL.  
VERO BEACH, FL 32960

**FEI Number:** 59-3298385      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAREN L. MERRILL  
835 20TH PLACE  
VERO BEACH, FL 32960      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SEC      ( ) Delete  
Name: CAPPELEN, BETTY  
Address: 49 PLANTATION DRIVE  
City-St-Zip: VERO BEACH, FL 32966

Title: PD      ( ) Delete  
Name: MERRILL, KAREN  
Address: 835 20TH PL.  
City-St-Zip: VERO BEACH, FL 32960

Title: D      ( ) Delete  
Name: IVES, PAUL  
Address: PMB #240 505 BEACHLAND BLVD.  
City-St-Zip: VERO BEACH, FL 32963

Title: DT      ( ) Delete  
Name: NUTTALL, SCOTT  
Address: 311 CARDINAL DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D      ( ) Delete  
Name: MCKINNON, CHARLES  
Address: 3055 CARDINAL DR., STE 302  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC      (X) Change ( ) Addition  
Name: CAPPELEN, BETH  
Address: 49 PLANTATION DRIVE  
City-St-Zip: VERO BEACH, FL 32966

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L MERRILL

PD

03/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date